

NAME: USA vs. Sewlynn O. Spruell
SSN: 290-94-6219

1) EMPLOYMENT START DATE: 8/15/05

2) CURRENTLY EMPLOYED: YES OR NO (circle one)

3) JOB TITLE: Clerk Shift Leader

4) ANNUAL GROSS INCOME: _____

5) IF NOT CURRENTLY EMPLOYED, PLEASE GIVE DATE OF
TERMINATION: 12/31/07

IF KNOWN, PLEASE PROVIDE PLACE OF NEW EMPLOYMENT:

EMPLOYER NAME: N/A

EMPLOYER ADDRESS: _____

TELEPHONE NO.: _____

6) HOME ADDRESS OF EMPLOYEE (IF AVAILABLE, AS REFLECTED IN YOUR
RECORDS): 5526 Montgomery Rd. Apt 4
Cincinnati, OH 45212

TELEPHONE NO.: (513) 335-8299

7) MAILING ADDRESS OF YOUR PAYROLL DEPARTMENT AND PAYROLL
OFFICER'S NAME:

3955 Montgomery Rd.
Cincinnati, OH 45212
Attn: Sandy Ange

1/10/08
DATE

Brittany Busch
SIGNATURE OF CERTIFYING OFFICIAL

Payroll/Benefits Admin. (513) 396-8858
TITLE AND PHONE NUMBER

